

**Republic of the Philippines**  
**Province of Davao del Norte**  
**BIDS AND AWARDS COMMITTEE**  
 Government Center, Mankilam, Tagum City

Quotation No. : C20210218

PR Number : 2101-0169

Date : January 21, 2021

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PURSUANT TO THE PERTINENT PROVISION OF REPUBLIC ACT NO. 9184 AND ITS IMPLEMENTING RULES AND REGULATIONS, PLEASE QUOTE YOUR UNIT, TOTAL AND GRAND/LOT PRICE OF THE ITEMS LISTED HEREUNDER, WHICH THE PROVINCE OF DAVAO DEL NORTE DESIRES TO PURCHASE. SHOULD THE BIDS AND AWARDS COMMITTEE FIND YOUR PRICE REASONABLE, RESPONSIVE AND LOWEST IN THE MARKET, YOU WILL BE OFFICIALLY NOTIFIED AS TO THE DATE OF DELIVERY. IN CASE THERE IS A FAILURE OF DELIVERY AND/OR LATE DELIVERIES, LIQUIDATED DAMAGES SHALL BE IMPOSED AND BE CHARGED AGAINST YOUR PRESENT OR FUTURE TRANSACTIONS. THE PROVINCIAL GOVERNMENT OF DAVAO DEL NORTE RESERVES THE RIGHT TO ACCEPT OR REJECT ANY BID, TO ANNUL THE BIDDING PROCESS, AND TO REJECT ALL BIDS ANY TIME PRIOR TO CONTRACT AWARD, WITHOUT THEREBY INCURRING ANY LIABILITY TO THE AFFECTED BIDDER/S.

Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
1	5 BOXES	ALUMINUM+MAGNESIUM HYDROXIDE TAB 100'S	_____	_____
2	20 BOXES	AMBROXOL 30MG TAB 100'S	_____	_____
3	20 BOXES	AMOXCILLIN 500MG CAP 100'S	_____	_____
4	20 BOXES	CAPTOPRIL 50MG TABLET 100'S	_____	_____
5	10 BOXES	CARBOCISTEINE CAP 100'S	_____	_____
6	10 BOXES	CELECOXIB 200MG CAP 100'S	_____	_____
7	10 BOXES	CETIRIZINE 10MG TAB 100'S	_____	_____
8	10 BOXES	DOXYCYCLINE 100MG CAP 100'S	_____	_____
9	10 BOXES	HYOSCINE 10MG TABLET 100'S	_____	_____
10	20 BOXES	LOPERAMIDE 2MG TAB 100'S	_____	_____
11	10 BOXES	LOSARTAN50MG 100'S	_____	_____
12	10 BOXES	MEFENAMIC ACID 500MG TABLET 100'S	_____	_____
13	10 BOXES	METFORMIN 500MG TAB 100'S	_____	_____
14	2 BOXES	OLANZAPHINE 10MG 100'S TAB	_____	_____
15	10 BOXES	OMEPRAZOLE 40MG	_____	_____
16	20 BOXES	PARACETAMOL 500MG 100'S TAB	_____	_____

For the use of residents' medical needs.

Approved Budget for the Contract : P 130,690.00

PLACE OF DELIVERY : PGSO Warehouse

DATE OF OPENING OF CANVASS: January 28, 2021

TIME OF OPENING OF CANVASS: 09:00:00 AM

VERY TRULY YOURS,

**SUPPLIERS MUST SPECIFY/INDICATE BRAND NAMES UPON QUOTATION**

**THE WINNING BIDDER SHALL BE REQUIRED TO SUBMIT A WARRANTY SECURITY/CERTIFICATE DURING DELIVERY OF THE ITEM.**

**ENGR. GLENN A. OLANDRIA**  
 (Provincial Engineer)  
 BAC CHAIRPERSON

I HEREBY CERTIFY:

- 1) THE ABOVE PRICES OF THE ITEMS HEREIN DESCRIBED ARE CURRENT AND VALID FOR 120 DAYS FROM DATE OF THE OPENING OF CANVASS.
- 2) IN CASE THE PROVINCE OF DAVAO DEL NORTE WILL OFFICIALLY NOTIFY THAT THE ITEMS WILL BE PROCURED FROM MY/OUR ESTABLISHMENT, THE STOCKS ARE READILY AVAILABLE OFF-THE-SHELF.

NAME OF ESTABLISHMENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 Please check whether VAT  V.A.T.  Non-V.A.T.  
 or Non-VAT   PhilGEPS Registration No.: \_\_\_\_\_  
 T.I.N. No. \_\_\_\_\_ TEL./FAX No. : \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 PRINTED NAME

CANVASS BY: \_\_\_\_\_

Signature Over Printed Name

\_\_\_\_\_  
 POSITION

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Item No.	Qty./Unit	Item	Quotation	
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17	10 BOXES	PHENYLEPHRINE HCL, CHLORPHENAMINE MALEATE	_____	_____
18	3 BOXES	RISPERIDON 2MG 100'S TAB	_____	_____
19	20 BOXES	VITAMIN B-COMPLEX TAB 100'S	_____	_____
20	20 BOXES	VITAMIN C 100'S TABLET	_____	_____

\* \* \* GRAND/LOT PRICE : P \_\_\_\_\_

**Terms and Condition :**

The following documentary requirements shall be submitted together with the Price Quotation Form or Canvass as requisite for award:  
 a) Mayor's/Business Permit  
 b) PhilGEPS Registration Number

For the use of residents' medical needs.

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\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 PRINTED NAME

CANVASS BY: \_\_\_\_\_

Signature Over Printed Name

\_\_\_\_\_  
 POSITION